



HEALTH QUARTERLY STATEMENT  
AS OF SEPTEMBER 30, 2025  
OF THE CONDITION AND AFFAIRS OF THE  
**UnitedHealthcare Community Plan of Ohio, Inc.**

NAIC Group Code 0707 0707 NAIC Company Code 12323 Employer's ID Number 56-2451429  
(Current) (Prior)  
Organized under the Laws of Ohio, State of Domicile or Port of Entry OH  
Country of Domicile United States of America  
Licensed as business type: Other  
Is HMO Federally Qualified? Yes [ ] No [ ]  
Incorporated/Organized 03/29/2004 Commenced Business 10/01/2005  
Statutory Home Office 5900 Parkwood Place Dublin, OH, US 43016  
(Street and Number) (City or Town, State, Country and Zip Code)  
Main Administrative Office 9800 Health Care Lane, MN006-W500  
(Street and Number) 952-931-4014  
Minnetonka, MN, US 55343 (Area Code) (Telephone Number)  
(City or Town, State, Country and Zip Code)  
Mail Address 9800 Health Care Lane, MN006-W500 Minnetonka, MN, US 55343  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)  
Primary Location of Books and Records 9800 Health Care Lane, MN006-W500  
(Street and Number) 952-931-4014  
Minnetonka, MN, US 55343 (Area Code) (Telephone Number)  
(City or Town, State, Country and Zip Code)  
Internet Website Address www.uhccommunityplan.com  
Statutory Statement Contact William Donald Olson 952-979-8160  
(Name) (Area Code) (Telephone Number)  
bill1\_olson@uhc.com 952-931-4651  
(E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer and President Scott Douglas Waulters Treasurer Marilyn Victoria Hirsch  
Secretary Bryn Searns Chief Financial Officer Alba McGinnis

OTHER

Heather Anastasia Lang, Assistant Secretary Jodi Lyn O'Brien #, Vice President Nicholas Robert Shjerpe #, Assistant Secretary

DIRECTORS OR TRUSTEES

Brendan Paul Hostetler Debra Joanne Sather Scott Douglas Waulters

State of OHIO  
County of FRANKLIN

State of \_\_\_\_\_  
County of \_\_\_\_\_

State of OHIO  
County of FRANKLIN

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions there from for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Alba McGinnis  
Chief Financial Officer

Bryn Searns  
Secretary

Scott Douglas Waulters  
Chief Executive Officer, President

Subscribed and sworn to before me this  
4<sup>th</sup> day of November, 2025

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_

Subscribed and sworn to before me this  
4<sup>th</sup> day of November 2025

DALE E. LEHMANN, Attorney at Law  
Notary Public, State of Ohio  
My Commission Has No Expiration  
Under Section 147.03 R.C.

- a. Is this an original filing?..... Yes [ X ] No [ ]  
b. If no,  
1. State the amendment number.....  
2. Date filed.....  
3. Number of pages attached.....

DALE E. LEHMANN, Attorney at Law  
Notary Public, State of Ohio  
My Commission Has No Expiration  
Under Section 147.03 R.C.



HEALTH QUARTERLY STATEMENT  
AS OF SEPTEMBER 30, 2025  
OF THE CONDITION AND AFFAIRS OF THE  
UnitedHealthcare Community Plan of Ohio, Inc.

NAIC Group Code 0707 0707 NAIC Company Code 12323 Employer's ID Number 56-2451429  
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Licensed as business type: Other

Is HMO Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized 03/29/2004 Commenced Business 10/01/2005

Statutory Home Office 5900 Parkwood Place Dublin, OH, US 43016  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 9800 Health Care Lane, MN006-W500  
(Street and Number)  
Minnetonka, MN, US 55343 952-931-4014  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 9800 Health Care Lane, MN006-W500 Minnetonka, MN, US 55343  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 9800 Health Care Lane, MN006-W500  
(Street and Number)  
Minnetonka, MN, US 55343 952-931-4014  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.uhccommunityplan.com

Statutory Statement Contact William Donald Olson 952-979-6160  
(Name) (Area Code) (Telephone Number)  
bill1\_olson@uhc.com 952-931-4651  
(E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer and President Scott Douglas Waulters Treasurer Marilyn Victoria Hirsch  
Secretary Bryn Searns Chief Financial Officer Alba McGinnis

OTHER

Heather Anastasia Lang, Assistant Secretary Jodi Lyn O'Brien #, Vice President Nicholas Robert Shjerve #, Assistant Secretary

DIRECTORS OR TRUSTEES

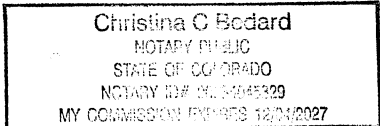
Brendan Paul Hostetler Debra Joanne Sather Scott Douglas Waulters

State of \_\_\_\_\_ State of Colorado State of \_\_\_\_\_  
County of \_\_\_\_\_ County of Arapahoe County of \_\_\_\_\_

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions there from for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Alba McGinnis Bryn Searns Scott Douglas Waulters  
Chief Financial Officer Secretary Chief Executive Officer, President

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
Subscribed and sworn to before me this 6 day of November 2025  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_



- a. Is this an original filing?..... Yes [ X ] No [ ]
- b. If no,
1. State the amendment number.....
  2. Date filed.....
  3. Number of pages attached.....